

EQUAL 2024-2025 Proposed Spending Plan

This form must be submitted to ltcrenentialsupport.equal@health.ny.gov no later than thirty (30) calendar days from the date of a New York State Department of Health Award Letter. Submission does not mean approval. All submissions will be reviewed by the Department.

*Should your proposed plan include disallowable expenses or otherwise required revisions, you will be afforded a **one-time** revision allowance. You will have fifteen (15) days from the date of notice by the Department to respond. Failure to submit an approvable plan within the deadline may result in a reduction to, or rescinding of, your award. All submissions must include the Resident Council Representative Approval or Resident Petition in Support.*

The Department reserves the right to remove any disallowable expenses and reduce or rescind awards accordingly.

Capital Improvement Projects	Amount Awarded:
<i>These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.</i>	\$3,088.00

Local Assistance Projects	Amount Awarded:
<i>These funds are used to support improvements to the quality of life for adult care facility residents by funding projects including clothing allowances, resident training to support independent living skills, improvements in food quality, outdoor leisure projects, and cultural, recreational, and other leisure events.</i>	\$3,088.00

Total Amount of Funding: \$6,176

EQUAL 2024-2025 Proposed Spending Plan

Summary Budget

This form must be used by applicants to provide a detailed budget justification. For each line item provide a full description of the item, justification of the need for the item as it relates to the resident priorities identified and explanation of how costs were determined. *Additional pages may be added but must all conform to this format and include the Resident Council Representative Approval or Resident Petition in Support.*

Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
<p align="center">Recreational activities</p> <p>The facility currently has 50 residents. The residents are very involved in the activities the facility hosts, however there is a demand for more. The residents have requested an outing or having a band come into the facility and play. Outings and events can cost a few hundred dollars. With requesting \$3,088 this allows the facility to have multiple outings / events.</p>		\$3,088
<p align="center">Furniture</p> <p>The facility has a lovely community room, library and rec room which the residents enjoy. The current furniture is worn down. The residents would love to new furniture (couches, chairs, tables). Upon research, the facility can order these items for the price requested.</p>	\$3,088	
<p align="right">Total Requested Per Funding Source</p>	\$3,088	\$3,088
<p align="right">Total Funding Requested</p>	\$6,176	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Edward Bresnaham (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for The NorthField EHP (name of facility), 370-S-847 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

APPROVED Digitally signed by
2024-2025 APPROVED
EQUAL 2024-2025 EQUAL
 Date: 2025.02.10
 15:23:45 -05'00'

Attachment 1

EQUAL 2024-2025 Proposed Spending Plan

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at The Northfield EHP (name of facility), 370-S-847 (operating certificate #). We have reviewed the Proposed EQUAL 2024-2025 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: Constance Dooley
Resident Name: Milouina Strashov
Resident Name: Sirley Davis
Resident Name: Diane Wellington
Resident Name: James Matheson
Resident Name: Sonia Floyd
Resident Name: Barbara Weeks
Resident Name: James Fitt
Resident Name: Robert Drake
Resident Name: Anthony Houston
Resident Name: Kathy Moore
Resident Name: Michael Powers
Resident Name: Robert Knight
Resident Name: Lon Tommillo
Resident Name: Burley Jordan
Resident Name: Gilbert Vobe
Resident Name: Sabrina Sweeney
Resident Name: Erin Burrata
Resident Name: Harvey Cole

Resident Signature: Constance Dooley
Resident Signature: Milouina Strashov
Resident Signature: Sirley Davis
Resident Signature: Diane Wellington
Resident Signature: James Matheson
Resident Signature: Sonia Floyd
Resident Signature: Barbara Weeks
Resident Signature: James Fitt
Resident Signature: Robert Drake
Resident Signature: Anthony Houston
Resident Signature: Kathy Moore
Resident Signature: Michael Powers
Resident Signature: Robert Knight
Resident Signature: Lon Tommillo
Resident Signature: Burley Jordan
Resident Signature: Gilbert Vobe
Resident Signature: Sabrina Sweeney
Resident Signature: Erin Burrata
Resident Signature: Harvey Cole

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

